

Representative Payee Report of Benefits and Dedicated Account

Form Approved
OMB No. 0960-0576

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

FROM: _____ TO: _____

SOCIAL SECURITY NUMBER

BENEFICIARY

This report is about the benefits you received for the beneficiary and those which were deposited in the dedicated account **during the report period shown above**. It also includes any money you reported as saved from a prior report period. **Please read the enclosed instructions before completing this form** to help you answer each question.

1. Were **you** (the payee) convicted of a crime considered to be a felony during the report period shown above?

YES

☐

NO

☐

If YES, please explain the type of crime: _____

2. Did the beneficiary continue to live alone, or with the same person, or in the same institution during the report period shown above?

YES

☐

NO

☐

If NO, please explain and provide the beneficiary's current address: _____

3. Benefits paid to you during the report period
Benefits you reported **saved** from prior years
Total Accountable Benefit Amount

= \$ _____

= \$ _____

= \$ _____

- A. Did **you** (the payee) decide how the total accountable amount was spent or saved?

YES

☐

NO

☐

If NO, please explain: _____